

SCHOOL NUTRITION PROGRAMS LOST COMMODITY REPORT

Linda McCulloch, Superintendent
Office of Public Instruction
School Nutrition Programs (SNP)
P.O. Box 202501
Helena, MT 59620-2501



Any Questions Call
Food Distribution
(406) 444-4415

Instructions: Complete this form in duplicate and return one original to: The Office of Public Instruction, School Nutrition Programs, P.O. Box 202501, Helena, MT 59620-2501. Please retain one copy for your files.

NOTE: DO NOT destroy commodities before notifying the Office of Public Instruction, School Nutrition Programs (SNP), of loss and/or damage of commodities. Notification should be reported immediately to SNP, but first get record of all numbers on the case (s). In certain instances where this procedure may not be feasible, please dispose of it in such a manner that it cannot be used for human consumption and document such. Disposal may be accomplished by dumping, burning, or putting it in the garbage. Always destroy original container if food has been dumped. Complete the following after destruction has been accomplished.

How and Where it was destroyed? _____

County _____ School Name _____ City _____

1. Food (s) Loss

Commodity	Pack Size	Quantity Lost (can/pound)	Contract/Code Numbers	Pack Date	Date Rec'd	Date Loss Noticed

Attach additional sheet (s) if necessary.

2. Time between last temperature/visual check and discovery of loss _____

3. Where did this occur: _____ school/school warehouse _____ commercial warehouse

4. Nature of Loss: _____ Refrigeration/Freezer Failure _____ Theft
(Check all that apply) _____ Infestation/Spoilage _____ Fire
_____ Contamination _____ Damage
_____ Other, explain _____

A. If theft, did police investigate? _____ Yes _____ No - If yes, include copy of police report.

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5. Storage Facilities

A. Temperature of storage area where loss occurred _____

B. Are the storage facilities locked? _____ Yes _____ No

C. Is there a temperature alarm system in place for the refrigeration/freezer? _____ Yes _____ No

6. Give complete details regarding loss _____

7. Type and frequency of storage and equipment inspection (including pest control and preventative maintenance of refrigeration/freezer equipment) _____

8. Is loss covered by insurance? _____ Yes _____ No

9. I certify that, to the best of my knowledge and belief, this report is true and correct.

Signature of Person Completing Form

Title

Date

FOR STATE AGENCY USE ONLY:

CLAIM DETERMINATION

Date Received _____ Claim No. _____ Value of Claim \$ _____

Determination _____

By: _____ Director, School Food Services _____
Signature Date

Date school was notified by letter of action _____

CLAIM PAYMENT

Date Claim Paid _____ Amount Paid \$ _____

Check and/or Invoice Number (s) _____

Date Money Sent to USDA, if applicable _____

Date Claim Finalized _____ Date Closure Letter Mailed to School _____